



September 27, 2007

Mr. Bart Egan  
Director, Facilities and Services Licensing  
Washington State Department of Health  
PO Box 47852  
Olympia WA 98504-7852

Dear Mr. Egan:

Thank you for providing Providence Health & Services this opportunity to offer additional recommendations regarding the drafting of Certificate-of Need (CN) rules that would allow elective percutaneous coronary interventions (PCI) without on-site cardiac surgery back-up. We endorse the "Adult Elective Percutaneous Coronary Interventions in Hospitals Without Cardiac Surgery" report, prepared by Heath Management Associates (HMA), September, 2007. Their analysis was consistent with legislative intent and the Department's scope of work, specifically to conduct an evidence-based review and to identify the circumstances and make recommendations under which elective PCI should be allowed in Washington hospitals that do not provide on-site cardiac surgery.

We believe this analysis forms a solid basis for health care decisions made on medical evidence. This focuses the issues and the Department's work on the most critical matter – patient safety through best practices. This focus is essential as we move forward to consider CN rules and methodologies that would allow elective PCIs without on-site cardiac surgery back-up. Our collective goal must to provide the safest environments for PCI procedures for Washington's citizens.

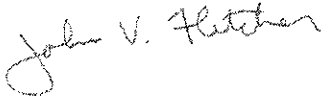
As stated above, we concur with HMA recommendations. We also offer these additional recommendations, stated below as guiding principles, for your consideration. They include:

- Evidence-based decisions. High quality medicine is driven from evidenced-based decisions, not anecdotal information.
- Precise, measurable definition. Health Management Associates recommended a number of procedures for the "elective" PCI definition. This definition is pivotal and requires precision. At a minimum, such a definition should not include diagnostic PCIs, nor should it include electrophysiology (EP) procedures. It must also be across inpatient and outpatient cases.
- State agency authority and oversight based on clear rules and quantitative information.
- Minimum data set requirements for all PCI procedures.
- Provision of charity care specific to provision of PCI procedures.
- Public access to PCI utilization statistics.
- Performance metrics. HMA has defined utilization and volume metrics. Hospital and physician performance statistic should also be included.
- Provider infrastructure and organization, including peer review and quality improvement committees.

- Planning area definitions.
- Centers of excellence.

We look forward to working with the Department in developing and refining draft rule language, based on these principles. We are dedicated to the continued advancement of health care in our state and to work with you to improve the state's cardiac care system. Again, thank you for this opportunity.

Sincerely,

A handwritten signature in cursive script that reads "John V. Fletcher".

John Fletcher  
Chief Executive  
Washington Montana Region